

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000027919 (4)

1. Corporation Name  
WATER TECHNOLOGY SYSTEMS, INC.

Principal Place of Business

4742 SKATES CIRCLE  
FORT MYERS FL 33905

Mailing Address

4742 SKATES CIRCLE  
FORT MYERS FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1997

4. FEI Number

65-0786617

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Alexa St. John

82 Street Address (P.O. Box Number is Not Acceptable)

9310 Sedgefield Rd.

83

84 City

Ft. Myers

FL

85 Zip Code

33917

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(5), Florida Statutes.

SIGNATURE

*Alexa St. John*  
Signature of the person filing this statement (required for all filings)

(NOTE: Registered Agent signature required when reinstating)

4/28/98  
DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD  
NAME ST. JOHN, GREGOR R  
STREET ADDRESS 4742 SKATES CIRCLE  
CITY-ST-ZIP FORT MYERS FL 33905

☐ DELETE

TITLE SD  
NAME FINE, HAROLD W  
STREET ADDRESS 4742 SKATES CIRCLE  
CITY-ST-ZIP FORT MYERS FL 33905

☐ DELETE

TITLE TD  
NAME ST. JOHN, ALEXA  
STREET ADDRESS 4742 SKATES CIRCLE  
CITY-ST-ZIP FORT MYERS FL 33905

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE PD  
1.2 NAME St. John, Gregor R.  
1.3 STREET ADDRESS 9310 Sedgefield Rd.  
1.4 CITY-ST-ZIP Ft. Myers FL 33917

☒ Change ☐ Addition

2.1 TITLE D  
2.2 NAME Fine, Harold W.  
2.3 STREET ADDRESS 9310 Sedgefield Rd.  
2.4 CITY-ST-ZIP Ft. Myers, FL 33917

☒ Change ☐ Addition

3.1 TITLE VSTD  
3.2 NAME St. John, Alexa  
3.3 STREET ADDRESS 9310 Sedgefield Rd.  
3.4 CITY-ST-ZIP Ft. Myers, FL 33917

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alexa St. John* Alexa St. John

4/28/98 941-641-5002

CR2E034 (10/97)